

**THE STATE OF FLORIDA**  
**FATALITY MANAGEMENT**  
**RESPONSE PLAN**  
  
**of the**  
**FLORIDA MEDICAL EXAMINERS**  
**COMMISSION**



Version 8.0  
February 17, 2026

(To supplement the State Comprehensive Emergency Management Plan)

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## **I. Plan Authority**

The Medical Examiners Act, Chapter 406, Part I, Florida Statutes, was enacted by the 1970 Legislature in order to establish minimum and uniform standards of excellence in statewide medical examiner services. The Florida Medical Examiners Commission provides guidance for districts throughout the state pursuant to its charge to initiate cooperative policies with any agency of the state or political subdivision thereof.

Under Chapter 406.11, Florida Statute, specific death scenarios fall under the jurisdiction of the medical examiner. Such scenarios include deaths resulting from accidents, homicides, suicides, and certain natural deaths which could include those constituting a threat to public health. The range of circumstances includes both man-made and natural disasters.

In addition, Chapter 11G, Florida Administrative Code, the rules of the Medical Examiner Commission, also provides specific guidelines and mandates certain procedures that should be considered even when dealing with a disaster.

## **II. Plan Responsibility**

The Florida Medical Examiners Commission has the responsibility to produce and maintain this State of Florida Fatality Management Response Plan.

## **III. Plan Revision History**

Version 1, Adopted at the Medical Examiner's Commission meeting of January 17, 2007  
Version 2, Adopted at the Medical Examiner's Commission meeting of May 21, 2010  
Version 3, Adopted at the Medical Examiner's Commission meeting of May 25, 2012  
Version 4, Adopted at the Medical Examiner's Commission meeting of May 4, 2018  
Version 5, Adopted at the Medical Examiner's Commission meeting of December 20, 2020  
Version 6, Adopted at the Medical Examiner's Commission meeting of July 19, 2023  
Version 7, Adopted at the Medical Examiner's Commission meeting of May 13, 2025  
Version 8, Adopted at the Medical Examiner's Commission meeting of February 17, 2026

## **IV. Introduction**

The focus of this plan is to identify methods through which medical examiners may obtain support assets to accomplish the goals of identifying the deceased and arranging proper final disposition. No attempt is made here to create a one-size-fits-all operational set of procedures, as each district is unique. Rather, it presents major categories of service response that must be adapted to the nature of disasters ranging from naturally occurring events (hurricanes, floods, fires, etc.) to manmade events including delivery of weapons of mass destruction (bomb/blast, chemical, nuclear, or biological). Natural disease outbreaks occurring under normal circumstances (e.g. not terrorist related) do not normally fall under the jurisdiction of the medical examiner.

Support assets are provided to the medical examiner via the system of a County-level Emergency Operations Center's Emergency Support Function 8 (ESF-8) – Health and Medical Services. The purpose of ESF-8 is to coordinate the State's health, medical, and limited social service assets in case of an emergency or disaster situation. This includes adoption of a Catastrophic Incident Response Plan for response to events that create excessive surge capacity issues for pre-hospital, hospital, outpatient, and mortuary services. The Fatality Management Response Plan addresses mortuary surge capacity issues and methods to respond to and mitigate such issues.

The sequence for requesting support assets calls for exhausting local assets (city and/or county) before requesting state assets. Likewise, state assets should be exhausted before requesting federal assets.

There are two primary state-level teams, and one federal-level team that can provide major resources to a medical examiner district when having to deal with an incident that exceeds assets of the local city, county, and state government.

The first is the Florida Emergency Mortuary Operations Response System (FEMORS) which is a State of Florida asset sponsored by the Florida Department of Health (ESF-8) that may be requested by the medical examiner when the Governor has issued an Executive Order declaring a state of emergency. It may also be requested in the absence of a declared emergency. However, in such non-declaration cases the local government issuing the request would be responsible for reimbursing the State agency deploying FEMORS for costs incurred.

Another asset located within the state of Florida is the Florida Air National Guardia Fatality Search and Recovery Team (FSRT). This asset can be deployed by the National Guard (ESF-13) and FSRT members can provide field search and recovery, transport, and limited refrigerated human remains storage. FSRT members are not forensic scientists or crime scene analysts, and do not provide disaster victim identification services.

The federal asset is the National Disaster Medical System's Disaster Mortuary Operational Response Team (DMORT). When a federal declaration has been made concerning a local disaster, a request can be made via ESF-8 to deploy a DMORT team (personnel and equipment) to the disaster site.

The major distinction between DMORT and FEMORS is that FEMORS responds more quickly and can staff and manage an incident for approximately 30 to 60 days. If the activation period is anticipated to require a longer support time, DMORT may be called upon to assist. Any transitional change would not impact disaster operations and be totally seamless since both FEMORS and DMORT have a similar operational plan and equipment.

FEMORS can assist the medical examiner with an incident assessment within 2-4 hours and be onsite and operational in 1 to 2 days. DMORT can take several days to arrive on site and commence operations, especially for a no-notice event.

Both teams can provide an incident morgue with all its ancillary equipment and staffing of various forensic teams within the morgue (i.e. pathology, personal effects, evidence collection, radiology, fingerprints, odontology, anthropology, and DNA collection). They also may assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management, and disposition of human remains.

## **V. Concept of Operations**

### **A. General**

1. Mass fatality incidents have the potential to quickly overwhelm the resources of a medical examiner's operation depending on the capacity of the facility, the number of fatalities, and the condition of the human remains. Medical examiner offices that are overwhelmed may seek assistance at local, state, and federal levels.
2. Disaster incidents may range from just a few victims to very high numbers. Additionally, the

incident may involve one or more of the following complications:

- a. Biological agent exposure events resulting in infectious or toxic agent contaminated victims,
- b. Bomb/Blast events resulting in burned and fragmented human remains,
- c. Chemical exposure events resulting in hazardous material contaminated victims,
- d. Radiological exposure events resulting in radiation material contaminated victims,
- e. Transportation accidents resulting in fragmented human remains,
- f. Weather events resulting in drowning and blunt trauma victims, or
- g. Natural disease outbreaks.

3. These complications can arise regardless of whether the incident was an act of nature, a minor or catastrophic accident, a terrorist act, an outbreak of infectious disease, or the intentional release of a weapon of mass destruction.

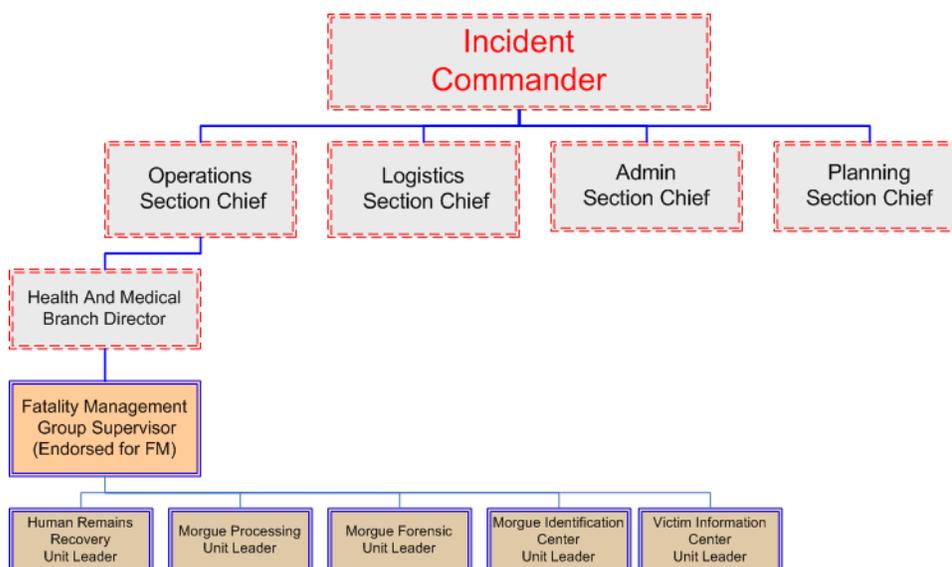
4. Deaths resulting from acts of homicide, suicide, or accident, and those constituting a threat to public health, fall under the jurisdiction of the medical examiner (Chapter 406.11, Florida Statutes). For this reason, the medical examiner assumes custody of any such death to determine the cause of death, document identity, and initiate the death certificate.

5. The five primary functions of the Fatality Management mission are:

- a. Command/Control,
- b. Recovery,
- c. Morgue (postmortem processing),
- d. Victim Information (antemortem processing), and
- e. Identification confirmation.



6. Management of the overall disaster is accomplished using the Incident Command System (ICS) as codified by the National Incident Management System (NIMS). The primary functions of Command, Operations, Planning, Logistics, and Administration/Finance are the foundation of a scalable platform that can expand or contract as the scope of the disaster dictates. Typically, under the Operations Section Chief, there will be a Health and Medical Branch Director managing a variety of Group Supervisors for Medical Response/EMS, Sheltering, Special Needs, Fatality Management, and others.



7. The medical examiner (serving as the **Fatality Management Group Supervisor**) may obtain

additional resources by identifying equipment and personnel assets needed to manage the surge of deceased victims and channeling those requests through the local Emergency Operations Center. This would include specialized state and federal assets to assist with decontamination of victims of exposure to chemical, radiological, or biological agents.

8. Normally the local or State Emergency Operations Center processes such requests through its ESF-8 desk. Except in rare circumstances involving military or certain federal employees, the medical examiner retains control of, and responsibility for, handling the deceased. All assets activated to assist with fatality management operate under the direction of the medical examiner. Once the requested assets arrive, the medical examiner has the responsibility to coordinate, integrate, and manage those assets.
9. Resources available for activation may also include personnel experienced in Incident Command System operations capable of augmenting the medical examiner's staff in certain management functions and providing valuable liaison services to Incident Command and the ESF-8 desk. For example, the medical examiner may delegate the role of serving as the Fatality Management Group Supervisor to a member of the FEMORS team.

## **B. Organization**

### **PRIMARY AGENCY:**

Florida Department of Health

### **SUPPORT AGENCIES:**

Florida Department of Law Enforcement (FDLE)  
Florida Medical Examiners Commission (MEC)  
Florida Emergency Mortuary Operations Response System (FEMORS)  
Florida Air National Guard Fatality Search and Recovery Teams

### **FEDERAL AGENCIES:**

Department Health and Human Services National Disaster Medical System (NDMS) which provides:

- Disaster Mortuary Operational Response Team (DMORT)
1. Florida's Department of Health is designated as the lead agency for providing health and medical services under ESF-8. The roles of the primary and support agencies are enumerated in the state's Comprehensive Emergency Management Plan, specifically in Appendix VIII: ESF-8 – Public Health and Medical Services.
  2. When necessary, federal ESF-8 resources will be integrated into the state ESF-8 response structure.
  3. Local Health Departments and Emergency Operations Centers operate at the county level in each of Florida's 67 counties.
  4. Medical examiners operate under a district system whereby they exercise authority for a single county or multiple counties. The 25 districts are covered by 22 medical examiner offices because Districts 2, 4, and 8 cover District 3 (Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee Counties), District 5 covers District 24 (Seminole County), and District 9 covers District 25 (Osceola county). (See Section XI – Medical Examiner Districts)
  5. The Florida Medical Examiners Commission provides oversight for districts throughout the state. In the absence of other reporting procedures, the Commission serves as the information

clearinghouse on the status of reported fatalities due to a disaster.

6. Regional Domestic Security Task Forces (RDSTF) operate at a regional level with the State divided into 7 regions covering multiple counties each. Each RDSTF Region covers several medical examiner offices (while 5 medical examiner districts are covered by more than one RDSTF Region). RDSTFs provide law enforcement oversight for disasters and incorporate both local and state law enforcement agencies as well as ancillary agencies including fire service, search and rescue, health and medical services, and others. RDSTFs support the emergency management structure established for the disaster. This may be a single county Emergency Operation Center or, in the case of a multi-jurisdictional event, a Joint Emergency Operation Center as well as the State Emergency Operation Center. Close coordination of the medical examiner's role of processing human remains with law enforcement's role of investigating the incident and tracking missing person reports is essential throughout the response effort.
7. Florida's Emergency Mortuary Operations Response System (FEMORS) is a team of qualified "reserve" forensic professionals who can be deployed by ESF-8 to supplement the needs of the medical examiner(s) affected by a mass fatality incident. FEMORS is a sponsored activity of the University of Florida in collaboration with the Florida Department of Health.

### **C. Notifications**

1. Medical examiner notification to the local Emergency Operations Center is the first step in obtaining supplemental resources. If not already activated by another method of notification, this action results in contact through the State Warning Point to activate the State Emergency Operations Center.
2. Disaster notification to the medical examiner will normally come through routine law enforcement, emergency operations center channels, or news media broadcasts in advance of a request to respond to recover human remains. In rare cases, it is possible that the medical examiner would be the first to recognize a cause of death indicating a potential weapon of mass destruction release. In such an event, the medical examiner would be the one to initiate notification of appropriate authorities.
3. During an activation of the State Emergency Operations Center, the primary and support agencies of ESF-8 report directly to the Emergency Services Branch Chief who reports to the Operations Section Chief (see Chapter 4, Section M of the Basic CEMP).
4. State Emergency Operations Center activation of ESF-8 may result in immediate activation of an assessment team from FEMORS (or another fatality management support organization such as DMORT) that can initiate contact to help the medical examiner in assessing the scope of the disaster and identifying assets required to process human remains.

### **D. Actions**

1. Once notification is made of an incident with a potential for significant loss of life, a medical examiner should attempt to assess the scope of the incident and anticipate levels of additional resources that might be needed. This could include:
  - a. Modification of routine workflow within the facility to permit processing and segregation of daily casework from disaster-related victims;
  - b. Possible supplemental space and equipment requirements for refrigerated storage;
  - c. Temporary staff and supply increases to respond to the surge incident; and,
  - d. If the facility has been damaged by the incident (e.g., hurricane, flood, etc.), consideration of location for placement of a temporary base of operations either adjacent to, or remote from, the damaged morgue facility.

2. Upon notification by a medical examiner of a request for assistance, ESF-8 may notify and activate an assessment team from FEMORS (or another fatality management support organization such as DMORT) to assist the medical examiner in assessing the situation.
  - a. In the event of a known impending event like a hurricane, ESF-8 normally places the fatality management support organization on ALERT for possible activation.
  - b. FEMORS activates its internal notification system to establish a Ready List of members capable of responding if needed.
3. FEMORS initiates contact with the medical examiner by telephone or in person, within 4 hours if possible, to ascertain if help is needed or to arrange for an appropriate meeting location.
4. Simultaneously, FEMORS initiates its Everbridge notification process to assemble a list of members capable of responding within 24 hours, if needed.
5. If needed, FEMORS assists the medical examiner in planning for:
  - a. Special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable;
  - b. Disaster site management of human remains with regard to recovery, preliminary documentation procedures, and refrigerated storage until transportation can be arranged;
  - c. Supplemental or temporary morgue operations for postmortem examination either in concert with the existing medical examiner facility or at a remote location with a Disaster Portable Morgue Unit setup;
  - d. Supplemental refrigerated storage at the morgue both for remains received from the disaster site and for remains processed and awaiting release for disposition;
  - e. Victim information center operations at a site removed from both the disaster site and the morgue; and
  - f. Records management and computer networking for managing data generated about missing persons and remains processed.
6. The medical examiner, or designee, reports the assessment results back to ESF-8 to specify:
  - a. Estimated number of human remains to be processed if possible,
  - b. Types and number of personnel and equipment that will be needed,
  - c. Staging area(s) for arriving assets,
  - d. Location for establishment of operations for each function needed, and
  - e. Any special safety issues to advise responding personnel.
7. ESF-8 documents the medical examiner's requests for equipment assets, types and numbers of support personnel, staging area instructions, and operational locations.
8. As directed by ESF-8, FEMORS contacts and activates the types and number of personnel requested by the medical examiner with instructions on staging areas and planned time of arrival.
9. ESF-8 initiates arrangements for travel, if necessary, and accommodations for responding personnel.
10. For any equipment requested that is not part of FEMORS response, ESF-8 initiates contact with appropriate vendors to supply equipment such as refrigerated trucks, x-ray machines and processors, etc.

11. In the event the resources required for response to the disaster exceed the capabilities of FEMORS, or if decontamination of human remains is needed, ESF-8 initiates contact with appropriate HazMat decontamination teams or the Federal Department of Health and Human Services (HHS) to request the assistance of the Disaster Mortuary Operational Response Team (DMORT) and/or support from a federal decontamination team such as National Guard Chemical, Biological, Radiological and Nuclear (CBRNE) teams.

#### ***E. Direction and Control***

1. All management decisions regarding response assets and resources are made at the State Emergency Operations Center by the Department of Health Emergency Coordination Officer.
2. Management of fatality related operations under the direction of the district medical examiner or designee is coordinated with the Incident Commander or Unified Command. FEMORS' assets assigned to the medical examiner remain under the medical examiner's direction and may be used in any way to supplement the medical examiner's operations including liaison with the Incident Commander or Unified Command.
3. Volunteers and volunteer groups may also offer services to assist the medical examiner. Traditionally, this includes forensic pathologists from other districts, forensic anthropologists, and members of various funeral associations and dental societies. Experienced forensic pathologists can be appointed as associate medical examiners pursuant to Chapter 406.06(2), Florida Statute. Funeral service personnel can be a valuable asset to provide, at a minimum, additional staff to serve as "trackers" to monitor custody and processing steps for each set of remains through the morgue process. Likewise, dental personnel, even if they possess no forensic experience, can assist forensic odontologists in several areas. It should be noted that:
  - a. Members of FEMORS are provided liability coverage for worker's compensation and professional liability issues by activation as temporary employees of the University of Florida.
  - b. For such volunteers who are not members of FEMORS, the medical examiner should ensure that each volunteer acknowledges a liability waiver for work-related injury and registers in for each period of service.
4. Regardless of the source of personnel (in-house, state or federal supplemental, or volunteer) detailed time records must be maintained to document the nature and periods of duty for each person assisting during the operation.

## **VI. Responsibilities - Medical Examiner**

The medical examiner is responsible for managing several operations that target the ultimate goals of identifying the dead, determining the forensic issues related to the cause and manner of death, and returning human remains to families, if possible.

In a disaster situation, in addition to notification, evaluation, and planning, incident specific caseload management consists of coordinating multiple functional areas.

- A. Tracking System Activation
- B. Remains Recovery
- C. Holding Morgue Operations
- D. Pre-Processing Transportation and Storage
- E. Morgue Operations (postmortem identifier collection)
- F. Post-Processing Transportation and Storage
- G. Body Release for Final Disposition
- H. Victim information Center Support (antemortem identifier collection)

- I. Records Management (Victim Processing)
- J. Records Management (Accounting and Finance)
- K. Progress Reports and Public Information Dissemination

### **A. Tracking System**

When implementing a tracking system for recovery, the medical examiner should consider where remains are found, how fragmented portions are tracked, how case numbers are correlated, and how antemortem data (obtained from family members) can be cross referenced with other case numbers assigned to recovered remains. The tracking system should include a means for distinguishing disaster cases from other caseloads, it should also enable the cross sharing of data between several operational areas, such as, the morgue, the Victim Information Center, the incident site, or any location where case data is entered. Each set of remains processed will generate numerous items that need to be tracked by computer such as photographs, personal effects, tissue samples, etc.

Whether FEMORS, DMORT or another fatality management support organization is activated to assist the medical examiner, a Victim Identification Program (VIP) or similar database can be used to track and search for potential matching indicators. VIP stores known victim information provided by families at the Victim Information Center and data generated in processing the remains in the morgue. Likewise, both assets utilize a dental matching program called WinID to compare antemortem dental records with postmortem dental data obtained during the processing effort.

The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 108. Forensic Odontology in Disaster Victim Identification: Best Practice Recommendations for the Medicolegal Authority. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

An accurate and reliable numbering system for all human remains (especially fragmented human remains) is crucial to an effective mission. The system must conform to the needs of the local medical examiner as well as be sufficient for proper evidence tracking. In the absence of an established medical examiner system the following guidelines may be employed, in part or in whole as deemed necessary by the medical examiner. There are several places where the numbering system must be carefully managed. The primary focus of all numbering is to end up with a **unique medical examiner case number** assigned for every case in which a *Death Certificate* is issued.

1. Field or Disaster Site - The numbering system starts in the field.
  - a. It should always be consecutive and non-repeating. A simple system is preferred (e.g., Bag 1, Bag 2, Bag 3, etc.).
  - b. Prefixes MAY be used to clarify where they were found (e.g. F-1 for floating remains in the water, S-1 for submerged remains, Grid B-3, etc.). This is particularly important when remains are recovered simultaneously from multiple sites.
  - c. In the field, all individual remains must be given their own unique reference number.
  - d. If remains are not connected by clothing or tissue, they must be packaged separately and assigned different and unique reference numbers.
2. Morgue Operations -
  - a. Often it is preferable to assign the unique Morgue Reference Number (MRN) once remains are received at the incident morgue. Although tracking starts at the point of recovery, it is better if an official case number is assigned at the location where remains are actually processed rather than at the recovery point(s), because co-mingled fragmentary remains may need to be separated and treated as multiple cases, versus one case.
  - b. If appropriate, the MRN and suffixes may be used to further identify multiple items related to the same MRN.

- Because of the way computers store and retrieve data, it is important to include the leading zero for numbers 01 through 09.
  - Summary of possible case numbering suffixes that may be applied (including the leading zero for numbers 01 through 09):
    - DM01 Digital Media
    - DP01 Digital Photos
    - PE01 Personal Effects
    - BX01 Body Radiographs
    - CT01 CT scans
    - FP01 Fingerprints
    - DX01 Dental Radiographs
    - DN01 DNA Specimens (postmortem)
    - DB01 DNA Family Samples (Buccal swabs)
    - DR01 DNA Reference Specimens (known victim DNA)
3. Identified Remains Case Number Conventions
- For death certificate purposes, each death requires one medical examiner case number.
- a. The medical examiner may elect to enter identified remains in the district's existing computerized case file management system for that office after one or more MRN case files have been matched to a Reported Missing (RM) case file. Thus, a "Medical Examiner Case Number" may be issued.
    - Cross reference notes should be made to indicate which Reported Missing (RM) case and MRN case(s) are associated with the master case number.
    - Multiple MRN cases (fragmented remains) may be matched by dental, DNA, or other unique feature to one individual.
  - b. The medical examiner may elect to use the first MRN identified with a particular Reported Missing (RM) as the PRIMARY number.
    - Additional MRN cases identified as the same individual may be cross-referenced to the primary MRN for tracking purposes.
    - Logs of MRN numbers should be updated to reflect the primary and secondary links for tracking purposes.
  - c. The primary MRN will often be used to issue the **unique medical examiner case number** assigned for every case in which a *Death Certificate* is issued.

### **B. Remains Recovery**

Management of mass fatality disasters begins at the scene. The medical examiner's accurate determination of the cause and manner of death, documentation of a victim's identity, and return of remains to families is dependent on the quality of the recovery effort. Except for obvious weather caused incidents, disaster sites should be considered and treated as crime scenes from the outset. The nature of the disaster site will dictate how the medical examiner coordinates with law enforcement and fire service personnel to locate, document, store, and transport victim remains.

The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 008, Mass Fatality Scene Processing: Best Practice Recommendations for the Medicolegal Authority. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

If the site involves any form of hazardous contamination it may be necessary to form a multidisciplinary team to evaluate the incident. The team should include:

1. HazMat, and any other relevant agencies (check required level of PPE),
2. Medical Examiner Death Investigation personnel, and
3. Law enforcement.

Recovery efforts must protect the health and welfare of recovery responders.

In the event of a disaster involving contaminated human remains, it may be necessary to request activation of the National Guard CBRNE teams, the local HazMat teams, or a similar asset capable of decontaminating the remains before they are admitted to the morgue for processing.

### ***C. Initial Holding Morgue Operations***

Once remains have been recovered at the disaster site, an initial physical examination by medical examiner, law enforcement, or other appropriate personnel may be necessary at the scene prior to a more extensive external and internal examination at the morgue.

1. At the very least, remains must be documented for tracking purposes as they are recovered and placed in a transportation staging area.
2. In some circumstances, personnel may need to gather evidence, document, remove, and track personal effects before remains are transferred for autopsy or identification.
3. In other cases involving contamination, remains may need to be decontaminated before they are transported to the morgue. Because the set up for a decontamination unit may take 48-72 hours to become fully operational, refrigerated storage of remains at the incident site may become necessary.
4. The type of disaster will determine the extent of the initial holding/incident morgue operation.

### ***D. Pre-Processing Transportation and Storage***

The number of fatalities may necessitate the expansion of the medical examiner's transportation, storage, and morgue systems.

1. To expand their refrigerated storage capabilities, medical examiners may need to incorporate the use of supplemental refrigeration (such as refrigerated trailer units).
2. Where possible, electric power should be utilized to run the refrigerated units instead of diesel power which creates toxic exhaust fumes.
3. The use of mobile refrigerated units for temporary staging storage at the disaster site can also be used to transport remains to a high-capacity medical examiner facility (even if outside the district).
4. Another option is to cool a suitable storage area to below 40° F (but above 32° F) with an industrial air conditioning unit.
5. Remains delivered from the incident site for processing must be kept segregated from remains already processed.
6. During the transporting and storing process, human remains should not be stacked upon one another or face down. They may be stored on shelving units (if available) provided there is a means for the safe lifting of those remains above waist level height.

### ***E. Morgue Operations***

Morgue case flow during disaster operations requires planning of multiple issues including location of processing areas, flow through the morgue, tracking, initial routine processing/triage, and autopsy (if indicated).

1. Location

The medical examiner must determine if remains should be processed at the medical examiner office in the district in which the deaths occurred, within the district at another location, or at the nearest high-capacity medical examiner facility. Such a decision is based on the magnitude of the incident, the rate of recovery of remains, the potential for the medical examiner headquarters to become damaged or inoperable as a result of the incident, and if the district (or alternate) medical examiner office has enough space to accommodate the additional caseload.
2. Morgue Stations
  - a. Unlike routine casework where human remains are processed at one station, in a mass fatality incident remains are often processed in a multiple-station system. Generally, a well-organized incident morgue operation entails: intake/admitting, triage, photography, evidence, personal effects, pathology/toxicology, radiology (X-ray or CT), fingerprinting, odontology, anthropology, and DNA sampling.
  - b. Extensive guidance on the function and operation of each morgue station is provided in the FEMORS Field Operation Guide (FOG).
3. Autopsy and External Evaluations
  - a. For large numbers of fatalities, it may not be feasible to consider performing a complete autopsy on all remains. Although the medical examiner must determine which cases require an autopsy, they should think about discussing their intentions with the lead law enforcement agency and the Department of Health, since each of these agencies may have its own specific requirements for identifying autopsies to support the overall investigation.
  - b. While a complete autopsy of every victim may be the desired goal, in the face of significant numbers of victims the medical examiner may need to seek authorization to apply professional discretion to autopsy only appropriate sample cases. Such authorization may be requested pursuant to a disaster declaration or Governor's Executive Order covering the state of emergency.
  - c. The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 009, Best Practice Recommendations for the Examination of Human Remains by Forensic Pathologists in the Disaster Victim Identification Context. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).
4. Documentation of Processing
  - a. In addition to assessment of anatomic findings (pathology/toxicology reports) to support a determination of cause of death, postmortem processing provides the only opportunity to preserve information needed to establish positive identification of the remains.
  - b. Postmortem processing of each case includes photography, collection of evidence, and/or personal effects. Maintaining a properly documented "chain of custody" is essential for processing all items of personal effects.
  - c. Personal effects may prove crucial in establishing presumptive identifications that may lead to positive identifications through accepted protocols. DNA may be obtained from some personal effects bearing biological material. For that reason, a DNA specialist should be consulted before personal effects are cleaned for photographing, cataloging, and returning to families. Personal effects should always be treated with potential identification in mind.
  - d. Standardized processing forms available in the Victim Identification Program (VIP) databases may be used to create a record of all processing efforts.
  - e. Data entry of postmortem processing information is valuable for making the information searchable for clues to matching it with victim antemortem information provided by families.

5. Radiological (X-Ray or CT) Processing
  - a. Specialists with experience in the use of radiography equipment should be used to process remains.
  - b. Comprehensive radiographic documentation should be made of appropriate cases to identify commingled remains, artifacts (jewelry, evidence, etc.) imbedded in human tissue, and evidence of antemortem skeletal injury, surgeries, or anomalies.
  - c. Such features may aid in identification by correlation with antemortem medical records.
6. Fingerprint Processing
  - a. Specialists with experience in recognizing and preserving ridge detail for finger, palm, and footprints should be used to process remains.
  - b. Preserved ridge detail records may be compared to antemortem print records supplied by families or other agencies to establish identification of the victim.
  - c. The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 007, Postmortem Impression Submission Strategy for Comprehensive Searches of Essential Automated Fingerprint Identification System (AFIS) Databases, and ANSI/ASB Best Practice Recommendation 094, Postmortem Impression Recovery: Guidance and Best Practices for Disaster Victim Identification. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).
7. Dental Processing
  - a. Specialists with experience in recognizing dental structures and recording by means of radiographs or charting should be used to process remains.
  - b. Standardized processing forms available in the dental identification program (WinID) may be used to compare with antemortem dental records supplied by families or other agencies to establish identification of the victim.
8. Anthropology Processing
  - a. Specialists with experience in recognizing skeletal structures and recording by means of radiographs or charting, should be used to process remains.
  - b. Comprehensive documentation is made of human skeletal and other fragmentary remains including assessment of bone, bone portion, anatomic side, chronological age, sex, stature, ancestral affiliation, antemortem trauma, and pathological conditions.
  - c. Such features may aid in identification by correlation with antemortem medical records.
  - d. The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 010. Forensic Anthropology in Disaster Victim Identification: Best Practice Recommendations for the Medicolegal Authority. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).
9. DNA Processing

Human remains that lack typical identifying features (tissues without fingerprint, dental, or anthropological material) can often be identified through DNA. For this reason, morgue processing should include a station to obtain and preserve specimens for DNA testing from each case processed.

  - a. DNA specialists should be consulted or incorporated into the morgue station to ensure proper sampling procedures, prevent cross contamination, and ensure the best possible specimen is collected.
  - b. The use of rapid DNA technology should be considered for use in morgue operations and in the Victim Information Center.
  - c. Laboratory testing of DNA specimens will need to be coordinated considering the:

- selection of the most appropriate specimen for testing,
  - number of specimens to be tested,
  - capacity of the laboratory to perform the testing, and
  - standardization of test results for comparison with DNA testing of antemortem reference materials collected through the Victim Information Center or other agencies.
- d. DNA Sections of the Florida Department of Law Enforcement's Crime Laboratory System may be called upon to assist with managing such issues.
  - e. The American Academy of Forensic Sciences, Academy Standards Board, has published ANSI/ASB Best Practice Recommendation 006, Best Practices Recommendations for DNA Analysis for Human Identification in Mass Fatality Incidents. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

#### **F. Post-Processing Transportation and Storage**

Until the final disposition of remains is known, the medical examiner cannot determine to what extent this phase of the operation must function; for instance, when remains are going to be returned to family members, personnel may only need to establish a holding area for funeral directors to retrieve remains. Storage areas should be segregated for coding of location by *Unidentified* remains and *Identified* remains. Unidentified remains may be returned to the morgue multiple times for additional processing as needed.

Law enforcement may require that the remains be retained or partially retained for evidentiary purposes, thus the medical examiner may need to further enhance the morgue's storage capacity.

#### **G. Body Release for Final Disposition**

When processing has been completed, final disposition normally involves burial or cremation at the family's request. Aside from the question of mass disposition (see Section VIII - Mass Disposition of Human Remains) a variety of tasks must be accomplished to authorize release of the human remains to a funeral service provider of the family's choice.

1. Once remains have been identified and are ready for release, the medical examiner certifies the cause and manner of death on the death certificate.
2. Typically, medical examiner staff will notify the funeral service provider selected by the family. The funeral service provider responds to transport the remains and personal effects (if appropriate). Medical examiner staff will coordinate with the funeral service provider to record the death via the Electronic Death Registration System (EDRS) under procedures established by the Bureau of Vital Statistics.

Medical examiner staff and/or other involved agencies should confer with families and obtain documentation of the family wishes regarding notification when additional fragmentary remains are identified. Some families desire to be notified of every identified fragment while others have reached closure and do not desire to be notified at all.

3. Provisions may be made for how unclaimed and unidentified remains will be memorialized or disposed of at the conclusion of the processing effort. This is often done in concert with the Incident Command management team and governmental officials.
4. Exceptions to release exist for remains that could not be decontaminated to a safe level. Emergency management powers of the Governor may need to be invoked to suspend routine regulations regarding the disposition of human remains and grant the Department of Health quarantine and human remains disposition powers including state sponsored burial or cremation in accordance with Chapter 381.0011(6), Florida Statutes.

5. In disaster incidents where there are no remains to recover for identification, or where scientific efforts to establish identity fail, the appropriate legal authority in accordance with Chapter 382.012, Florida Statutes may order a presumptive death certificate.

#### **H. Victim Information Center Support**

Emergency management agencies should be prepared to mobilize the appropriate resources to establish a missing persons Victim Information Center (VIC) in conjunction with Family Assistance or Family Reunification Center for the management of an incident with mass fatalities. This may be part of a Joint Family Support Operations Center established by Incident Command for multiple service organizations. Nonetheless, staffing for the purpose of interviewing families for information essential to identification requires consultation with forensically trained specialists. The fatality management support organization will have experience and operating procedures for establishment of a VIC. The efforts of personnel at the VIC shall be coordinated with the involved law enforcement agency's missing persons investigators if applicable.

1. Interviewing of family and friends of the disaster victim provides an opportunity to obtain vital information that may lead to a positive identification of the victim. In addition to basic physical description and names of treating physicians or dentists, interviews may reveal unique features such as tattoos, piercing, jewelry, old injuries, etc.
  - a. Standardized questionnaire forms are available in the Victim Identification Program (VIP).
  - b. Interviewers should be limited to personnel specially trained in dealing with grieving individuals such as:
    - o Victim Information Center specialists who have been trained in conducting interviews and using the VIP protocols,
    - o Medical examiner investigators,
    - o Funeral service personnel,
    - o Law enforcement agents, or
    - o Social workers.
2. DNA Collection
  - a. Family reference samples and personal effects of the victim containing biological material may provide the only method by which processed victim remains can be identified.
  - b. DNA specialists should be incorporated into or consulted on the VIC interview process to ensure proper collection procedures, prevent cross contamination, and ensure the best possible specimens are collected for subsequent laboratory testing.
  - c. Rapid DNA technology should be considered for use in the VIC.
  - d. Call center electronic management software (e.g. ReadyOp) may be offered by the Florida Department of Health.

#### **I. Records Management (Victim Processing)**

1. Segregation of disaster records from the normal office records is recommended.
2. All ante and postmortem information and records should be handled as evidence. The chain of custody of records must be maintained via sign-out and sign-in logs. Records management personnel must be able to account for all received information/records, whether they are in direct possession of the records management section or checked out to an authorized individual.
3. Digital versions of case file materials may (eventually) serve as the **original or duplicate** record when so defined according to the records management policies of the local jurisdiction and Florida Statutes.

- a. In such cases, references to printed documents and CD storage may refer to redundant electronic media storage both onsite and off-site including cloud-based storage.
4. Four major file categories should be maintained:
    - a. Unidentified Remains case files in morgue reference number (MRN) order and containing:
      - o Processing paperwork,
      - o Printouts of digital photos,
      - o CD or other storage media copy of all photos taken,
      - o Printouts of digital dental radiographs or CT scans,
      - o CD or other storage media copy of all digital dental radiographs or CT scans taken,
      - o Printouts of digital body radiographs or CT scans taken,
      - o CD or other storage media copy of all digital body radiographs or CT scans taken, or
      - o Personal effects inventory.
    - b. Reported Missing Person Reports (RM) case files in Last Name alphabetical order and containing:
      - o Printed VIP interview form along with original hand completed forms,
      - o Other police missing person reports submitted,
      - o Medical antemortem records or body radiographs or CT scans submitted,
      - o Fingerprint records,
      - o Dental antemortem records including radiographs or CT scans, and
      - o Notes of contacts for information gathering.
    - c. Identified Remains - Medical examiner determines which master number to use and merges into one file all related materials:
      - o RM antemortem reporting forms,
      - o Antemortem medical records,
      - o Morgue reference number (MRN) folders (these may be multiple if DNA associates fragmented remains),
      - o Dental records (ante and postmortem),
      - o Morgue photographs,
      - o DNA submission documents,
      - o Body radiographs or CT scans identification (ante and postmortem),
      - o Fingerprints and comparisons made, and
      - o Remains release and funeral service provider documentation.
    - d. Court Issued Presumptive Death Certificates and related documents (if applicable):
      - o Affidavits and supporting documents,
      - o Court order,
      - o Copy of presumptive death certificate issued,
      - o Record of transmittal of death certificate to Vital stats:
        - May require funeral director involvement,
        - May require family authorization for funeral home to handle,
        - Vital Stats coordination required.
      - o If subsequently identified, an amended death certificate may be issued and all this material is moved to the Identified Remains file.

**J. Records Management (Accounting and Finance)**

1. Expenses incurred by a medical examiner in response to a disaster may be reimbursable depending on the nature of the disaster and whether a disaster declaration was issued at the state or federal level.
2. Expenses may include both personnel overtime and purchases of equipment and supplies when requested through and approved by the Emergency Operations Center process.
  - a. Expenses incurred outside of the Emergency Operations Center process may not be

reimbursable.

3. Extensive documentation of labor time (especially overtime) and purchases will be needed to seek reimbursement including:
  - a. Daily attendance rosters and time worked logs,
  - b. Mission number assignment from Emergency Operations Center or designee,
  - c. Purchasing and tracking of materials.

**K. Progress Reports and Public Information**

1. From the onset, demands for estimates of the number of victims missing, the number identified, and names of the missing arise from many sources.
2. Chief among these are the Incident Commander, the Emergency Operations Center, and the Medical Examiners Commission.
  - a. Early estimates contribute to the planning assumptions and provide a means to assess additional resources that may be needed.
  - b. Periodic and later updates allow for fine tuning the response effort and determining the eventual demobilization strategy.
  - c. Daily reporting to the Medical Examiners Commission during a disaster event involves reporting all confirmed disaster-related deaths to include ME case #, age, race, sex, a brief synopsis, and an indication of whether the case is a directly or indirectly related disaster death. This list becomes the official list managed by the State Emergency Operations Center.
  - d. The U.S. Department of Health, National Vital Statistics System reference guide for certification of disaster-related deaths defines directly and indirectly related deaths as follows:
    - A **directly related death** is defined as a death directly attributable to the forces of the disaster or by the direct consequence of these forces, such as structural collapse, flying debris, or radiation exposure.
    - An **indirectly related death** occurs when the unsafe or unhealthy conditions present during any phase of the disaster (i.e., pre-event or preparations, during the actual occurrence, or post-event during cleanup after a disaster) contribute to the death.
3. Normally, the Incident Commander will arrange for an official Public Information Officer to provide updates to the media.
4. Medical examiner staff should be assigned as liaison with Incident Command staff to coordinate distribution of information relating to victims and progress of the response effort. Special care is needed to inform waiting family members of developments before information is released to the general media.
5. Potential types of medical examiner information that may be requested frequently, even daily, include:
  - a. Total number of victims,
  - b. Names of identified victims,
  - c. Method of identification,
  - d. Names and number of missing person reports,
  - e. Staffing levels and assistance provided, and
  - f. Estimate of time to complete identifications.

## **VII. Multiple District Incident Coordination**

### **A. Definition of Multiple District Incident**

A mass fatality incident in which decedents are recovered from geographic locations crossing medical examiner district boundaries.

### **B. Jurisdiction for Issuance of Death Certificate**

The district covering the county of death (or where the remains are found) determines which medical examiner signs the death certificate and records the official medical examiner case number (thus affecting year-end statistical reporting).

### **C. Coordination of Resources**

This is a mutual agreement situation and rests upon the willingness of all involved medical examiners to make prudent, team-focused decisions to provide for the best way to serve law enforcement investigative needs as well as the needs of families involved.

If the desire is to have single processing center for both postmortem examination (morgue) and antemortem collection (victim information call center) when multiple medical examiner districts are involved in a single incident, all of the medical examiners impacted would need to meet and agree on:

1. Central incident morgue and victim information call center locations.
  - a. Governor's Declaration of Emergency or Executive Order authorizes the use of the State's assets including FEMORS and its cache of equipment to establish a portable morgue and/or victim information call center.
  - b. Alternatively, each county would have to provide (i.e., pay for) the people and equipment needed for response to and management of a surge of deaths in that county.
2. A single medical examiner or designee is to serve as the Fatality Management Lead (or Fatality Management Group Supervisor) for that incident.
  - a. This person is "in charge" of the overall fatality management operation (victim recovery, morgue operations, collection of antemortem data, identification of the dead, and release for final disposition) and will adapt to the needs of all affected medical examiners for any variation in processing decisions.
3. Cross appointment of pathologists as Associate Medical Examiners as provided for in Chapter 406.06(2), Florida Statutes.
4. Procedures to ensure that death certificates are filed in the appropriate county of death.

## **VIII. Mass Disposition of Human Remains**

### **Rationale for Identification Before Disposition**

#### **A. Governmental Authority**

Under the emergency management powers of the Governor and pursuant to the authority vested under paragraph (a) of Chapter 252.36, Florida Statutes, the Governor may direct the Florida Department of Health to take certain actions to suspend routine regulations regarding the disposition of human remains. These actions may include directions for disposition of both identified and/or unidentified remains. Disposition of unidentified remains would follow the collection of items that are useful in the identification process: photographs, fingerprints, dental and somatic radiographs or CT scans, and DNA.

## ***B. Epidemic Outbreak Myth***

Often a principal reason proffered for taking the mass disposition course of action is based upon a fear of the outbreak of disease from human remains. Well-intentioned, but scientifically uninformed, decision makers often initiate the process as a natural aversion to the physical unpleasantness of the effects of decaying human remains and a fear that an epidemic of disease will break out.

A scientific review of past catastrophic disasters (PAHO, 2004) demonstrates that the risk of epidemic disease transmission from human remains is negligible. Unless the affected population was already experiencing a disease suitable for epidemic development, the catastrophic event cannot create such a situation. Most disaster victims die from traumatic events and not from pre-existing disease.

Disease transmission requires first, a contagious agent, second, a method of transmission, and third, a susceptible population to infect.

- Typical pathogens in the human body normally die off when the host dies, although not immediately. In the absence of the first requirement, therefore, risk of transmission is no greater than that for routine handling of human remains.
- Water supplies contaminated with decaying human remains can serve as a method of transmission of illnesses, particularly gastroenteritis, but a non-breathing body presents minimal transmissibility.
- With the use of universal precautions for bloodborne pathogens, under regulations of the Occupational Safety and Health Administration (OSHA), responders so equipped do not present a susceptible population to infect. Even the local population will usually avoid a water supply contaminated with human remains and use sheets or body bags to envelop decaying human remains.

## ***C. Identification of Victims before Disposition***

Traditional funeral practices include a variety of procedures designed to assist survivors of all religious practices or belief systems with the grieving process. Identification of the victim, however, is the first step in that process.

Government-ordered disposition by mass burial or cremation of unidentified victims creates numerous, and often unnecessary, complications for survivors. In addition to a delay in completing the grieving process, survivors face challenges settling legal affairs, determining rights of property ownership, and managing the welfare of the victim's offspring.

Both the World Health Organization (WHO) and the Pan American Health Organization (PAHO) advocate for the identification of all disaster victims before final disposition, regardless of number of victims. To accomplish this in Florida, when faced with thousands of fatalities, extraordinary refrigeration resources will be required using the basic guidelines in Section VI (D) above. With adequate refrigeration capacity, supplemental morgue facilities, and sufficient forensic personnel to process human remains, identifying information from each set of remains can be secured before mass burial is contemplated as a last resort.

If the disaster results in several hundred or thousands of victims, "temporary interment" may be an appropriate course of action. The expectation is that each victim will be retrieved later, as time permits, for full documentation, identification, and release to appropriate family's choice of funeral service provider.

Temporary interment involves several expedient steps:

- Altered standard of forensic processing is limited to pre-interment:
  - Photographs,
  - Fingerprints,

- DNA specimens, and
- Body tag made of metal or impervious material and use of the indelible marking of reference number(s).
- Placement of each set of remains in a heavy-duty disaster body bag affixed with
  - Exterior duplicate bag tag made of metal or impervious material and use of indelible marking of reference number(s).
  - Long (e.g., six feet) wire leader with a third, duplicate bag tag.
- Placement of bagged victims in prepared designated sites (as determined by local authorities).
  - Victims may be placed in rows with the long wires placed out to one end.
  - Sand or other fill material is placed over the victims to a depth determined by local authorities.
  - The six-foot long wires and impervious bag tags are kept above the sand so that individual victims may be retrieved as needed (i.e., if later identified by fingerprints, DNA or other means.)
    - Durability and legibility of the tag is critical because such tags may be exposed to extreme sunlight and weathering until retrieval can take place.

## IX. References

(Available through the downloads library at [www.FEMORS.org](http://www.FEMORS.org).)

1. “Mass Fatality Management for Incidents Involving Weapons of Mass Destruction” a draft capstone document (originally due for release September 2004) developed by the Department of Defense U.S. Army Soldier and Biological Chemical Command (SBCCOM), Improved Response Program (IRP), (cited throughout as “Capstone”).
2. Florida Comprehensive Emergency Management Plan, 2024, (<https://www.floridadisaster.org/dem/response/planning-section/all-hazards/comprehensive-emergency-management-plan/>)
3. CEMP Appendix VIII - Emergency Support Function 8 - Health and Medical Services, 2024 (<https://www.floridadisaster.org/dem/response/planning-section/all-hazards/comprehensive-emergency-management-plan/>)
4. FEMORS FOG Field Operations Guide, at <https://femors.org/downloads/>
5. Morgan O. “[Infectious disease risks from dead bodies following natural disasters.](#)” Rev Panam Salud Publica. 2004;15(5):307–12.

## X. Statutory Citations

1. [Chapter 252.36](#), Florida Statutes, Emergency Management Powers of the Governor
2. [Chapter 381.0011\(6\)](#), Florida Statutes, Duties and Powers of the Department of Health
3. [Chapter 382.012](#), Florida Statutes, Presumptive death certificate
4. [Chapter 406](#), Florida Statutes, Medical Examiners; Disposition of Dead Bodies, Examinations, Investigations, and Autopsies

## XI. Medical Examiner Districts

District	Address	City	Phone
1	2114 Airport Blvd. Suite 1450	Pensacola, Florida 32504	(850) 332-7300
2	560 Leonard Gray Way	Tallahassee, Florida 32304	(850) 606-6600
3	<i>Services provided by Districts 2, 4, &amp; 8</i>		
4	2100 Jefferson Street	Jacksonville, Florida 32206	(904) 255-4000
5	809 Pine Street	Leesburg, Florida 34748	(352) 326-5961
6	10900 Ulmerton Road	Largo, Florida 33778	(727) 582-6800
7	1360 Indian Lake Road	Daytona Beach, Florida 32124	(386) 258-4060
8	3217 SW 47th Avenue	Gainesville, Florida 32608	(352) 273-9292
9	2350 East Michigan Street	Orlando, Florida 32806	(407) 836-9400
10	1021 Jim Keene Boulevard Number One on Bob Hope	Winter Haven, Florida 33880	(863) 298-4600
11	Road	Miami, Florida 33136	(305) 545-2400
12	4510 Fruitville Road	Sarasota, Florida 34232	(941) 361-6909
13	11025 North 46th Street	Tampa, Florida 33617	(813) 914-4500
14	3737 Frankford Avenue	Panama City, Florida 32405	(850) 747-5740
15	3126 Gun Club Road	West Palm Beach, Florida 33406	(561) 688-4575
16	56639 Overseas Hwy	Marathon, Florida 33050	(305) 743-9011
17	5301 S.W. 31st Avenue	Ft. Lauderdale, Florida 33312	(954) 357-5200
18	1750 Cedar Street	Rockledge, Florida 32955	(321) 633-1981
19	2500 South 35th Street	Ft. Pierce, Florida 34981	(772) 464-7378
20	3838 Domestic Avenue	Naples, Florida 34104	(239) 434-5020
21	70 South Danley Drive	Ft. Myers, Florida 33907	(239) 533-6339
22	18130 Paulson Drive	Pt. Charlotte, Florida 33954	(941) 625-1111
23	4501 Avenue A	St. Augustine, Florida 32095	(904) 209-0820
24	<i>Services provided by District 5</i>		
25	<i>Services provided by District 9</i>		

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District	Jurisdiction Counties
1	Escambia, Okaloosa, Santa Rosa, and Walton counties
2	Franklin, Gadsden, Jefferson, Leon, Liberty, Taylor, and Wakulla counties
3	Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee counties
4	Clay, Duval, and Nassau counties
5	Citrus, Hernando, Lake, Marion, and Sumter counties
6	Pasco and Pinellas counties
7	Volusia County
8	Alachua, Baker, Bradford, Gilchrist, Levy, and Union counties
9	Orange County
10	Hardee, Highlands, and Polk counties
11	Miami-Dade County
12	DeSoto, Manatee, and Sarasota counties

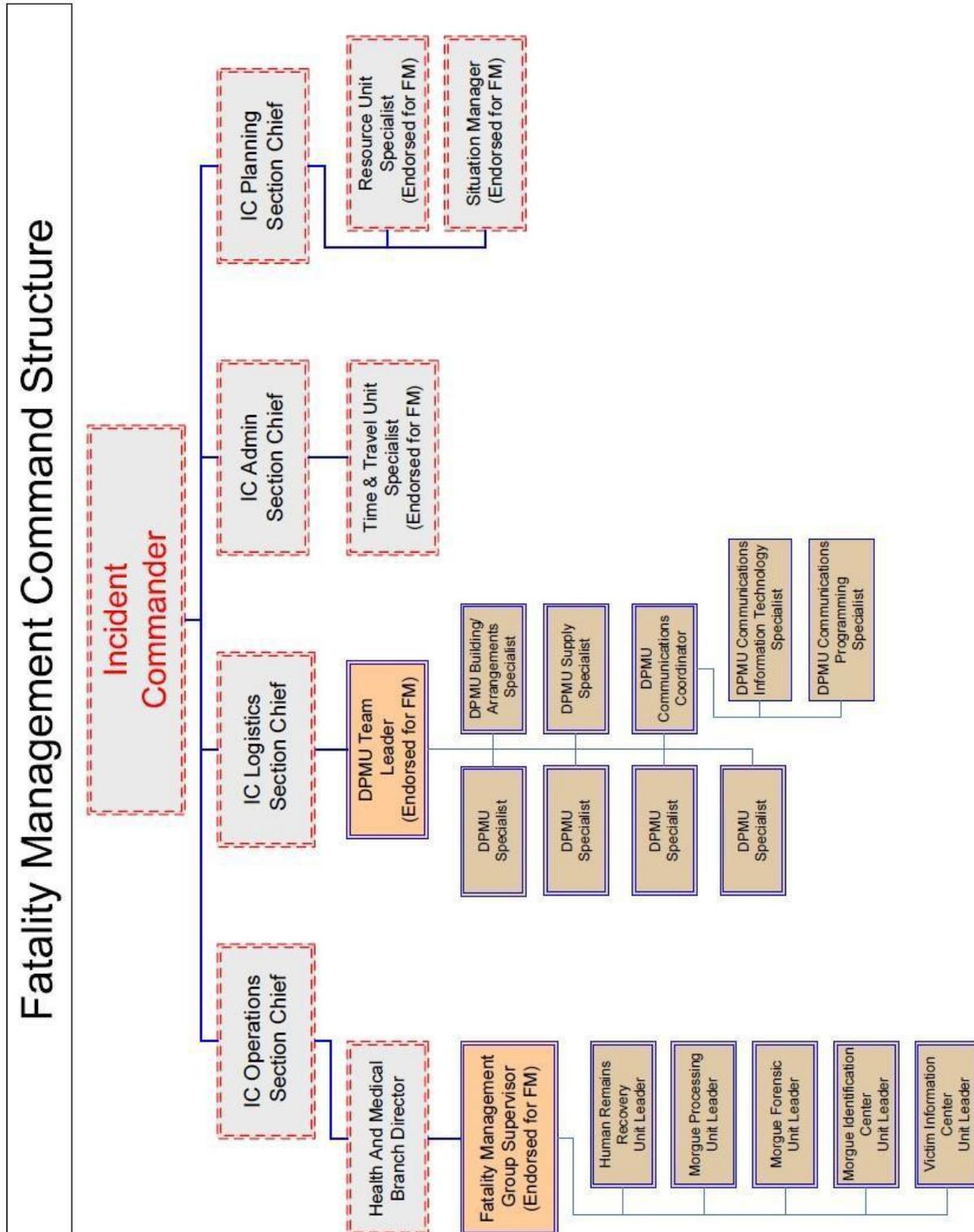
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13	Hillsborough County
14	Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties
15	Palm Beach County
16	Monroe County
17	Broward County
18	Brevard County
19	Indian River, Martin, Okeechobee, and St. Lucie counties
20	Collier County
21	Glades, Hendry, and Lee counties
22	Charlotte County
23	Flagler, Putnam, and St. Johns counties
24	Seminole County
25	Osceola County

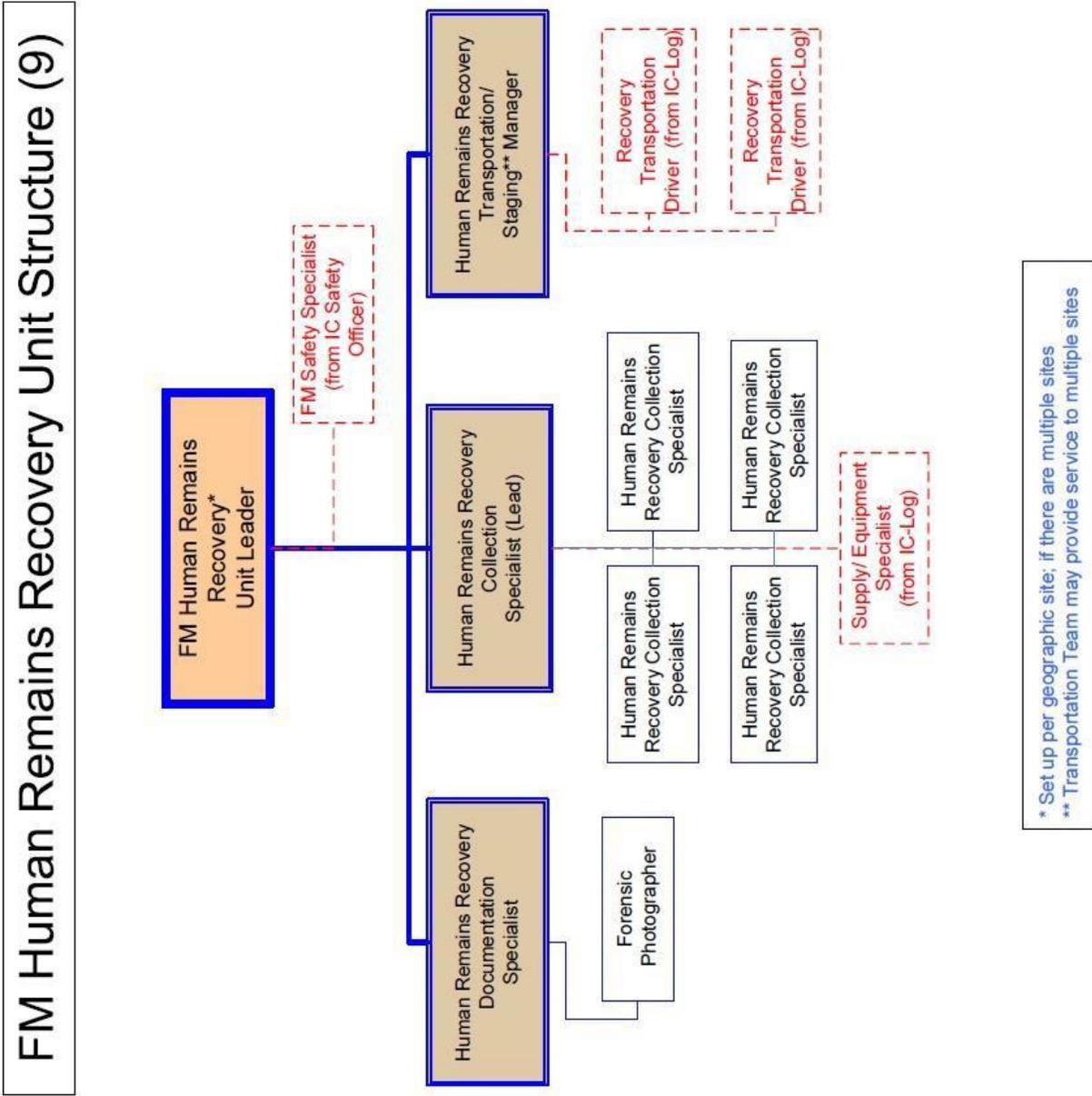
## XII. Fatality Management ICS Organization Charts

(Dotted lines indicate positions supplied by the overall Incident Command)

### Command Structure

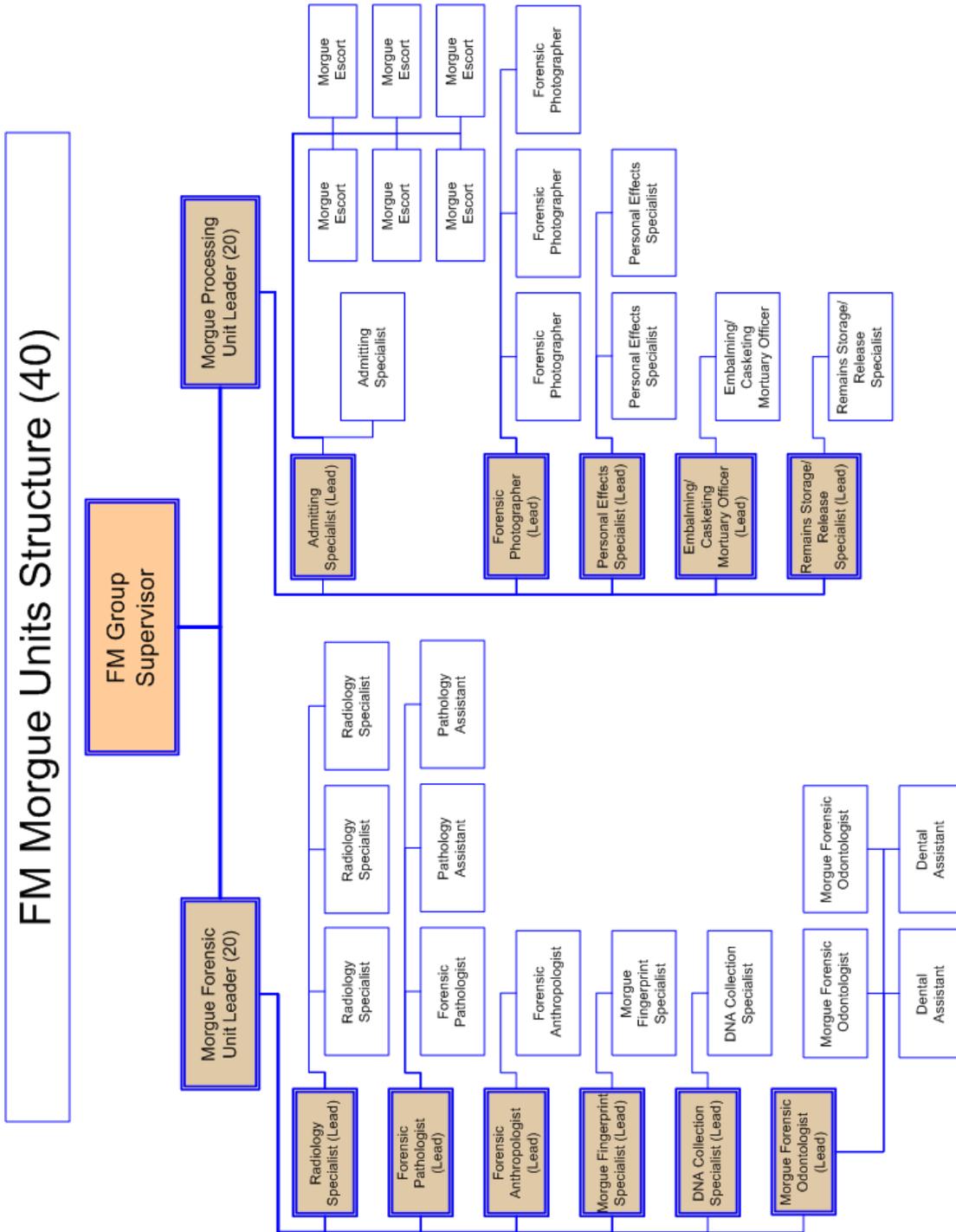


**Human Remains Recovery Unit Structure**



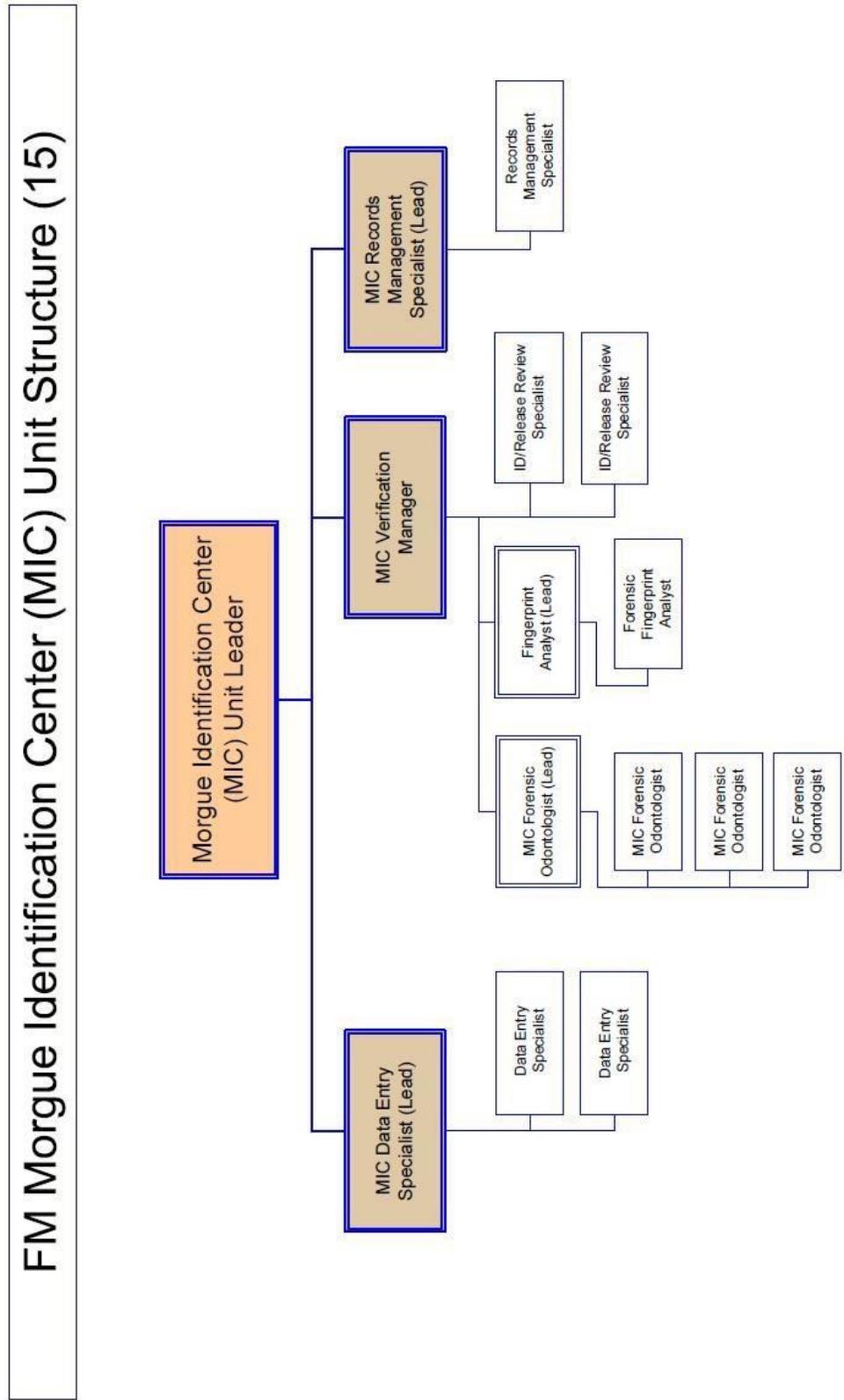
\* Set up per geographic site; if there are multiple sites  
 \*\* Transportation Team may provide service to multiple sites

**Morgue Unit Structure**





**Morgue Identification Center (MIC) Unit Structure**



**Logistics Group (includes the Disaster Portable Morgue Unit)**

